

DECLARATION OF DOMESTIC PARTNERSHIP REGISTRATION FORM

Article IV -Chapter 62-131 of the Miami Beach City Code

Instructions:

Complete and submit this form **(notarization is required)** to the City Clerk's Office at the address above. A filing fee of \$50.00 is required and must accompany the registration form. Make check payable to the City of Miami Beach.

We the undersigned do declare that we meet the requirements of Section 62-131:

- ❖ We are both at least 18 years of age and competent to contract;
- ❖ We are not married to or a member of another Registered Domestic Partnership or civil union with anyone other than the co-applicant;
- ❖ We agree to share the common necessities of life and to be responsible for each other's welfare;
- ❖ We share a primary residence;
- ❖ We consider ourselves to be a member of the immediate family of the other partner;
- ❖ We agree to immediately notify the City Clerk's Office, in writing, of any change in the status of the Registered Domestic Partnership;
- ❖ We agree to mutually support the other by contributing in some fashion, not necessarily equally to maintain and support the Registered Domestic Partnership; and
- ❖ Each partner agrees to immediately notify the City Clerk's Office, in writing, if the terms of the Registered Domestic Partnership are no longer applicable or one of the domestic partners wishes to terminate the domestic partnership.

List the name(s) of dependent(s) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(1) _____ (3) _____

(2) _____ (4) _____

Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes? ☐ Yes ☐ No. *If "yes", submit on a separate page a detailed explanation of exemption.*

Common Residence Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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Email (Optional)	Telephone Number
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We swear or affirm under Penalty of perjury that the statements above are true and correct.

Signed on _____ **in** _____, _____
(Date) (City) (State)

Signature	(Print legibly) Last	First	Middle
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Signature	(Print legibly) Last	First	Middle
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Notarization of both signatures: (Required)

State of

County of _____

Sworn to and subscribed before me this _____ day of _____, 200__ by _____ and _____
who are personally known _____ or produced Identification _____.

Signature of Notary Public

For Clerk's Use Only:

Filing Date	MCR#	Received by:	Registration Number
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